

CLAIMANT'S NAME Brian Hebert			SSAN OR EMPLOYEE NUMBER*			DEPARTMENT Law Revision Commission					
POSITION Executive Secretary		CB/ID NUMBER 5762/E99		DIVISION OR BUREAU			INDEX NUMBER				
RESIDENCE ADDRESS*				HEADQUARTERS ADDRESS 3200-5th Avenue				TELEPHONE NUMBER 916-739-7071			
CITY		STATE CA		ZIP CODE		CITY Sacramento		STATE CA		ZIP CODE 95817	

(1) MONTH/YEAR		(3)  LOCATION WHERE EXPENSES WERE INCURRED	(4)  LODGING	(5) MEALS			(6)  INCIDENTALS	(7) TRANSPORTATION					(8)  BUSINESS EXPENSE	(9)  TOTAL EXPENSES FOR DAY
2 / 09				BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
(2) DATE	TIME										MILES	AMOUNT		
3	1408 1539	Sacramento Capitol						PC	6:00	6	3:30		9:30	
4	1409 1507	Sacramento Capitol						PC	3:00	6	3:30		6:30	
11	1130 1230	Sacramento Capitol						PC	3:00	6	3:30		6:30	
19	0927 1607	Sacramento Capitol						PC	18:00				18:00	
23	1047 1406	Sacramento Capitol						PC	10:50	6	3:30		13:80	
26	1245 1354	Sacramento Capitol						PC	4:50	6	3:30		7:80	
3/09														
4	1345 1424	Sacramento Capitol						PC	3:00				3:00	
12	1002 1230	Sacramento Capitol						PC	7:50	6	3:30		10:80	
23	1600 1700	Sacramento Capitol						PC	3:00				3:00	
4/09														
23	0938 1634	Sacramento Capitol						PC	18:00				18:00	
(10) SUBTOTALS										76:50		19:80		96:30
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL		\$96.30	
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) 2/3/09: Meet w/Assm. Member Ammiano & Fong. Parking=\$6.00 2/4/09: Meet w/Assm. Member Knight. Parking=\$3.00 2/11/09: Meet w/Assm. Member Berryhill. Parking=\$3.00 2/19/09: CLRC Meeting. Parking=\$18.00 (receipt attached) 2/23/09: Meet w/Assm. Member Buchanan, Miller. Parking=\$10.50 (receipt attached) 2/26/09: Meet w/Assm. Member Tran. Parking=\$4.50 3/4/09: Meet w/Assm. Member Conway. Parking=\$3.00 3/12/09: Meet with Judic. Comm. Staff. Parking=\$7.50 3/23/09: Meet w/Asm. Housing staff. Parking=\$3.00 4/23/09: CLRC Meeting. Parking=\$18.00 (receipt attached)		(12) NORMAL WORK HOURS 0800-1700	
		(13) PRIVATE VEHICLE LICENSE No.	
		(14) MILEAGE RATE CLAIMED 55 ¢ per mile	
		AGENCY ACCOUNTING OFFICE USE ONLY  PAID BY REV. FUND CHECK NO.	
(15) HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the of the State of California. If a privately owned vehicle was used, and if mileage rates exceeded the minimum rate, I certify that the cost of operating te vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety seat usage			

CLAIMANT'S SIGNATURE	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)			DATE